



The Patient Protection Act Report for the Year 2006

Ohio's "Patient Protection Act of 1999," House Bill 4 (H.B. 4) requires all health insurance companies to provide insureds with an independent, external review of the company's denial of certain health benefits. The Act also directs the Department of Insurance to compile and annually publish information regarding the outcomes of the external reviews.

This is the sixth annual report summarizing the data the Ohio Department of Insurance (ODI) has collected regarding the outcomes of the external reviews conducted between January 1, 2006 and December 31, 2006.

Executive Summary of Patient Protection Act Findings

Reviews by Independent Review Organizations

During 2006, 156 reviews were assigned to independent review organizations (IROs) to determine the appropriateness of a health carrier's denial of services based on medical necessity or experimental/ investigative treatment.

Of the 156 external reviews completed, 150 were standard reviews that permit a 30-day maximum review period. The IROs reversed benefit coverage denials made by health carriers on 54 reviews (36%). Of the remaining 96 reviews (64%), the IRO affirmed the health carrier's denial.

Six IRO cases were expedited, requiring a seven-day maximum review period. In three of the six cases (50%), the IROs reversed the health carrier's original denials.

In total, IRO reviews involved benefit determinations amounting to approximately \$2.8 million. IRO decisions reversing claim denials saved insureds approximately \$1,866,967, nearly 65% of all claim dollars reviewed. The top five cases reversed exceeded \$1,419,303.

Contractual Reviews by the Ohio Department of Insurance

During 2006, 190 cases were reviewed by ODI to determine whether health care services that had been denied, reduced or terminated by the health carrier should be covered under the contract. Health insurance company denials were reversed in 24 cases (13%) and affirmed in 135 cases (71%). In 31 cases (16%), the Department referred the question to an IRO for external review of a medical issue. As a result of Department contractual reviews, Ohio consumers received \$499,396 of previously denied health benefits.

Medical Specialty or Type of Provider

Health carriers identified the top five types of medical specialty cases in which external review was requested as psychiatry, hematology/oncology, orthopedics, general surgery and medical oncology.

The majority of the reviews were for surgery and hospitalization. These two services accounted for approximately \$1,681,439 (90%) of the estimated \$1,866,967 in total benefits reversed by IROs. Reviews for drugs and testing accounted for approximately \$133,563 (7%) of benefit reversals. In all, reviews for these four services combined for an approximate \$1,815,002 (97%) of the \$1,866,967 in total benefits reversed by IROs.

Since the enactment of the Patient Protection Act in 1999, more than \$8.96 million in previously denied benefits have been recovered for consumers. 3,118 cases have been reviewed by ODI or by IROs.

Overview of Patient Protection Act

The Patient Protection Act (ORC 3901.82) applies to health benefit plans of the following carriers:

- Traditional Health Insurers;
- Preferred Provider Organizations (PPOs);
- Health Maintenance Organizations (HMOs/HICs); and
- Public Employee Health Benefit Plans (PEHBP).

The Patient Protection Act requires all health carriers to create a process allowing insureds the right to challenge the denial of a health benefit service. Insureds meeting statutorily specified criteria have the right to request an external review by an independent review organization to be conducted within thirty days at no additional cost to the insured. The law also provides an expedited process for insureds, whose condition could, in the absence of immediate medical attention, result in any of the following:

- Placing the health of the insured or, with respect to a pregnant woman, the health of the insured or the unborn child in serious jeopardy;
- Serious impairment of bodily function;
- Serious dysfunction of any bodily organ or part.

To ensure a comprehensive review of denials, the Patient Protection Act external review is conducted through independent IROs, all nine of which were accredited by ODI for 2006. Reviews on questions regarding whether the benefit is covered under the contract are conducted by ODI. The health carrier is required to provide any coverage determined by the IRO to be medically necessary or not experimentally investigative, or determined by ODI to be covered under the contract, subject to the other terms, limitations, and conditions of the contract.

The Patient Protection Act requires that IROs report their findings to the Department. The Act also directs the Department to compile the information submitted by the IROs and annually publish and report the information to all of the following:

- The Governor;
- The speaker and minority leader of the Ohio House of Representatives;
- The president and minority leader of the Ohio Senate; and
- The chairs and ranking minority members of the House and Senate committees with jurisdiction over health and insurance issues.

Summary of Reviews

Summary of External Reviews by Independent Review Organizations

An analysis of the data over the most recent 12-month period (January 1, 2006 to December 31, 2006) shows that IRO reviews involved benefit determinations amounting to approximately \$2.8 million. IRO decisions reversing claim denials saved insureds approximately \$1,866,967. The top five cases in which company decisions were reversed involved benefit determinations that exceeded \$1,419,303.

The top five cases reversed through the external review process during this report period are as follows:

Top Five External Review Case Reversals

CASE DESCRIPTION	SERVICES REQUESTED	TOTAL BENEFIT PAID (Reversed)
Malignant Neoplasm of Cerebellum	Bone Marrow Transplant	\$ 739,000
Cerebral Aneurysm	Neuroform Stent	\$ 300,000
Myelodysplastic Syndrome	Blood Stem Cell Transplant	\$ 200,000
Lymphoid Leukemia	Flavopiridol	\$ 100,000
Anorexia Nervosa	Inpatient Psychiatric	\$ 80,303

Number of External Reviews Conducted / Outcomes

For the reporting period of January 1, 2006 to December 31, 2006, 156 reviews were assigned to IROs to determine the appropriateness of a health carrier's denial of services based on medical necessity or experimental/ investigative treatment.

Of the 156 external reviews completed, 150 were standard reviews that permit a 30-day maximum review period. The IROs reversed benefit coverage denials made by health carriers on 54 reviews (36%) and affirmed the health carrier's denial in the remaining 96 reviews (64%).

Six IRO cases were expedited, requiring a seven-day maximum review period. In three of the six cases (50 %), the IROs reversed the health carrier's original denials.

Average Time Required to Conduct a Review

Of 156 reviews, 97% were completed within the time required by the Patient Protection Act. The average number of days to process a standard IRO review was 20 days, while the average number of days to process an expedited review was 6 days.

Cost of External Reviews

The cost of an external review varies depending on whether the review is a standard 30-day review, or an expedited seven-day review, and whether the review is to determine medical necessity or experimental investigative treatment for an individual with a terminal illness. Reviews to determine medical necessity require only one reviewer while reviews of experimental services for terminal illness require a panel of three reviewers. The cost of the review is paid by the health carrier at an average cost of \$605 per review. The total cost of IRO reviews to Ohio health carriers was \$94,372. Of that, \$5,675 was spent on expedited reviews.

Summary of Services and Procedures

External reviews were conducted for numerous types of services. The majority of the reviews were for surgery and hospitalization. These two services account for approximately \$1,681,439 (90%) of the estimated \$1,866,967 in total benefits reversed by the IRO. Drug and testing comprised a smaller number of reviews and had benefits reversed totaling \$133,563 (7%). In all, these four services combined for an approximate \$1,815,002 (97%) of the \$1,866,967 in benefits reversed. See Attachment 1, IRO Reviews by Services and Procedures.

Medical Specialty or Type of Provider

When a health carrier contacts the Department to request an independent review organization, it identifies the medical specialty category required for the review. The categories of medical specialties are identified in Attachment 2, IRO Reviews by Medical Specialty.

The top five medical specialty cases were:

MEDICAL SPECIALTY	TOTAL NUMBER OF REVIEWS	TOTAL BENEFITS REVIEWED	TOTAL BENEFITS PAID (Reversed)
Psychiatry	24	\$ 547,668	\$ 100,703
Hematology / Oncology	11	\$ 204,661	\$ 117,100
Orthopedics	11	\$ 91,558	\$ 22,400
General Surgery	11	\$ 90,251	\$ 44,318
Medical Oncology	10	\$ 232,404	\$ 205,850

Patient Protection Act Contractual Reviews

The Patient Protection Act requires the Department to review disputes for health care services that have been denied, reduced or terminated by the health carrier. If the Department finds a coverage determination cannot be made because a medical issue must be resolved, the health carrier must afford the opportunity for an external review. When the Department makes a determination that the benefit or service is covered, the carrier shall either cover the service or afford an opportunity for an external review.

Summary of Contractual Reviews by the Ohio Department of Insurance

From January 1, 2006 to December 31, 2006, 190 cases were reviewed by ODI under contractual review. The Department has established an internal review team comprised of specialists from the Office of Legal Services, the Office of Product Regulation, Life & Health Division, and the Consumers Services Division. As a result of Department reviews, Ohio consumers received \$499,396 in previously denied health benefits.

Outcome of Contract Reviews

Health insurance company denials based on either benefit limits or services not covered by the contract were upheld in 135 cases (71%). The company's denial based on these criteria was reversed in 24 cases (13%). In 31 cases (16%), the Department determined a medical question was involved and referred the question to an IRO for external review, of which 5 were reversed.

The top five reasons for contract review were:

REQUESTED SERVICES	TOTAL NUMBER OF REVIEWS	TOTAL BENEFITS PAID *
Out-of Network	26	\$ 13,920
Dental	16	\$ 4,611
Emergency Room	15	\$ 3,952
Pre-Existing Condition	14	\$ 33,803
Experimental / Investigational	14	\$ 13,770

*Total benefits paid are for the period of January 1, 2006 - December 31, 2006.

Summary of Services and Average Time Required to Conduct a Review

In 2006, the average time taken by ODI to review a contract denial was four days. The amount of time needed to conduct a comprehensive review is impacted by the complexity of the situation and the need for legal review of a consumer's contract. The average benefit amount recovered for Ohio consumers was \$13,497.

Conclusion

Since the enactment of the Patient Protection Act in 1999, more than \$8.96 million in previously denied benefits have been recovered and the Department has received 3,118 requests for external reviews. For 2006, the total number of IRO and contract review cases was approximately the same as the number of cases in 2005.

The complex nature of resolving contract disputes and the importance of ensuring a thorough review of case files requires an extensive investment of ODI staff resources. However, the Department's secure web page offers easy access to both health carriers and IROs in order to arrange for the external review by the IRO and to report back to ODI regarding the outcome of the review.

The Department will continue its efforts to publicize the H.B. 4 process to ensure that all eligible Ohio consumers have access to and knowledge of this important consumer right. To effectively promote this important right, the Department web site, www.ohioinsurance.gov, includes content explaining external reviews by IROs and contract reviews by the Department. In addition, the Department's consumer guides provide information about external reviews.

For more information about this report or any aspect of the Patient Protection Act report, please contact the following individuals:

Consumer Inquiries: Suzette Dave, Chief, Consumer Services Division
(614) 644-3339

Legislative Inquiries: Guy Ford, Assistant Director, Policy and Legislation
(614) 719-1511

Media Inquiries: Carly Glick, Assistant Director, Communications
(614) 719-1524



ATTACHMENT 1
IRO REVIEWS BY "SERVICES & PROCEDURES"
JANUARY 1, 2006 - DECEMBER 31, 2006

SERVICES & PROCEDURES	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
Surgery	55	35%	34	62%	21	38%	\$1,837,310	65%	\$358,274	19%	\$1,479,036	81%	\$31,180	\$739,000
Testing	29	19%	18	62%	11	38%	\$90,545	3%	\$52,955	58%	\$37,590	42%	\$7,407	\$4,320
Hospitalization	18	12%	14	78%	4	22%	\$548,796	19%	\$346,393	63%	\$202,403	37%	\$42,658	\$100,000
Therapy	18	12%	10	56%	8	44%	\$25,174	1%	\$19,067	76%	\$6,107	24%	\$7,296	\$3,022
Durable Medical Equipment	15	10%	11	73%	4	27%	\$100,049	4%	\$66,801	67%	\$33,248	33%	\$35,000	\$23,385
Drug	10	6%	6	60%	4	40%	\$186,860	7%	\$90,887	49%	\$95,973	51%	\$75,390	\$43,920
Emergency Room	6	4%	3	50%	3	50%	\$5,379	0%	\$2,079	39%	\$3,300	61%	\$1,474	\$2,265
Other	2	1%	2	100%	0	0%	\$20,960	1%	\$20,960	100%	\$0	0%	\$11,200	\$0
Skilled Nursing/Hospice/Home Health	2	1%	1	50%	1	50%	\$8,499	0%	\$1,199	14%	\$7,300	86%	\$1,199	\$7,300
Dental	1	1%	0	0%	1	100%	\$9,360	0%	\$7,350	79%	\$2,010	21%	\$7,350	\$2,010
Grand Totals:	156		99	63%	57	37%	\$2,832,932		\$965,965	34%	\$1,866,967	66%	\$75,390	\$739,000



ATTACHMENT 2
IRO REVIEWS BY "MEDICAL SPECIALITY"
JANUARY 1, 2006 - DECEMBER 31, 2006

MEDICAL SPECIALITY	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
Psychiatry	24	15%	21	88%	3	13%	\$547,668	19%	\$446,965	82%	\$100,703	18%	\$41,290	\$80,303
Hematology/Oncology	11	7%	5	45%	6	55%	\$204,661	7%	\$87,561	43%	\$117,100	57%	\$75,390	\$100,000
Orthopedics	11	7%	9	82%	2	18%	\$91,558	3%	\$69,158	76%	\$22,400	24%	\$28,000	\$20,000
Surgery, General	11	7%	5	45%	6	55%	\$90,251	3%	\$45,933	51%	\$44,318	49%	\$20,000	\$15,000
Medical Oncology	10	6%	7	70%	3	30%	\$232,404	8%	\$25,554	11%	\$206,850	89%	\$7,407	\$200,000
Chiropractic	7	4%	3	43%	4	57%	\$9,104	0%	\$8,698	96%	\$406	4%	\$7,296	\$234
Plastic Surgery	7	4%	7	100%	0	0%	\$47,135	2%	\$47,135	100%	\$0	0%	\$16,000	\$0
Emergency Medicine	6	4%	5	83%	1	17%	\$23,194	1%	\$23,039	99%	\$155	1%	\$11,200	\$155
Otolaryngology	6	4%	3	50%	3	50%	\$77,052	3%	\$10,302	13%	\$66,750	87%	\$3,900	\$60,000
Durable Medical Equipment	5	3%	3	60%	2	40%	\$4,100	0%	\$2,400	59%	\$1,700	41%	\$850	\$850
Internal Medicine	4	3%	3	75%	1	25%	\$51,322	2%	\$44,022	86%	\$7,300	14%	\$42,658	\$7,300
Neurologic Surgery	4	3%	3	75%	1	25%	\$339,757	12%	\$39,757	12%	\$300,000	88%	\$31,180	\$300,000
Surgery, Gastric	4	3%	2	50%	2	50%	\$55,000	2%	\$25,000	45%	\$30,000	55%	\$20,000	\$20,000
Family Medicine	3	2%	0	0%	3	100%	\$4,145	0%	\$0	0%	\$4,145	100%	\$0	\$2,265
Ob/Gyn	3	2%	2	67%	1	33%	\$12,156	0%	\$10,625	87%	\$1,531	13%	\$7,385	\$1,531
Pain Management	3	2%	3	100%	0	0%	\$9,698	0%	\$9,698	100%	\$0	0%	\$7,128	\$0
Podiatric Medicine	3	2%	2	67%	1	33%	\$7,722	0%	\$4,700	61%	\$3,022	39%	\$4,200	\$3,022
Addiction Psychiatry	2	1%	1	50%	1	50%	\$12,600	0%	\$2,400	19%	\$10,200	81%	\$2,400	\$10,200
Cardiovascular Disease	2	1%	0	0%	2	100%	\$9,320	0%	\$0	0%	\$9,320	100%	\$0	\$5,000
Dermatology	2	1%	1	50%	1	50%	\$11,232	0%	\$10,332	92%	\$900	8%	\$10,332	\$900
Occupational Therapy	2	1%	1	50%	1	50%	\$1,628	0%	\$729	45%	\$899	55%	\$729	\$899
Ophthalmology	2	1%	1	50%	1	50%	\$11,000	0%	\$3,000	27%	\$8,000	73%	\$3,000	\$8,000
Oral & Maxillofacial Surgery	2	1%	2	100%	0	0%	\$4,340	0%	\$4,340	100%	\$0	0%	\$3,800	\$0
Radiation Oncology	2	1%	0	0%	2	100%	\$6,920	0%	\$0	0%	\$6,920	100%	\$0	\$3,460
Speech Pathology	2	1%	1	50%	1	50%	\$1,780	0%	\$900	51%	\$880	49%	\$900	\$880
Acupuncture	1	1%	1	100%	0	0%	\$3,290	0%	\$3,290	100%	\$0	0%	\$3,290	\$0
Allergy/Immunology	1	1%	0	0%	1	100%	\$11,900	0%	\$0	0%	\$11,900	100%	\$0	\$11,900
Anesthesiology	1	1%	1	100%	0	0%	\$500	0%	\$500	100%	\$0	0%	\$500	\$0



ATTACHMENT 2
IRO REVIEWS BY "MEDICAL SPECIALITY"
JANUARY 1, 2006 - DECEMBER 31, 2006

CASE VOLUME

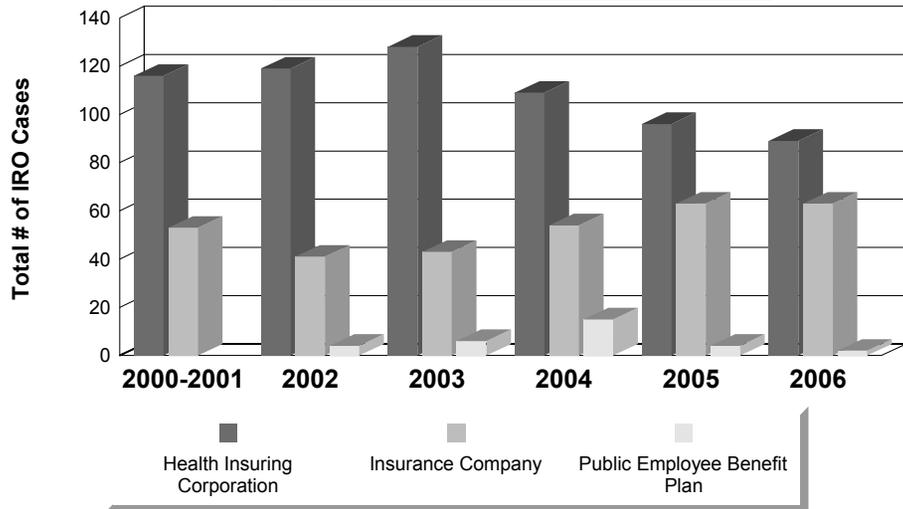
BENEFIT DOLLARS REVIEWED

MEDICAL SPECIALITY	# Reviews / % of Total		CASE VOLUME				BENEFIT DOLLARS REVIEWED				Maximum \$ Affirmed	Maximum \$ Reversed		
	#	%	Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed				Reversed & Reversed in Part	
			#	%	#	%	\$	%	\$	%			\$	%
Dentistry	1	1%	0	0%	1	100%	\$9,360	0%	\$7,350	79%	\$2,010	21%	\$7,350	\$2,010
Endocrinology	1	1%	1	100%	0	0%	\$547	0%	\$547	100%	\$0	0%	\$547	\$0
General Medicine	1	1%	1	100%	0	0%	\$3,508	0%	\$3,508	100%	\$0	0%	\$3,508	\$0
Neurology	1	1%	1	100%	0	0%	\$3,870	0%	\$3,870	100%	\$0	0%	\$3,870	\$0
Pediatric Endocrinology	1	1%	0	0%	1	100%	\$43,920	2%	\$0	0%	\$43,920	100%	\$0	\$43,920
Pediatric Oncology	1	1%	0	0%	1	100%	\$739,000	26%	\$0	0%	\$739,000	100%	\$0	\$739,000
Pediatric Orthopedics	1	1%	0	0%	1	100%	\$23,385	1%	\$0	0%	\$23,385	100%	\$0	\$23,385
Pediatric Physical Medicine	1	1%	1	100%	0	0%	\$330	0%	\$330	100%	\$0	0%	\$330	\$0
Pediatric Rheumatology	1	1%	0	0%	1	100%	\$13,500	0%	\$0	0%	\$13,500	100%	\$0	\$13,500
Pediatrics, General	1	1%	0	0%	1	100%	\$37,553	1%	\$0	0%	\$37,553	100%	\$0	\$37,553
Physical Medicine/Rehabilitation	1	1%	1	100%	0	0%	\$18,475	1%	\$18,475	100%	\$0	0%	\$18,475	\$0
Psychology	1	1%	1	100%	0	0%	\$5,000	0%	\$5,000	100%	\$0	0%	\$5,000	\$0
Radiology	1	1%	1	100%	0	0%	\$847	0%	\$847	100%	\$0	0%	\$847	\$0
Thoracic Surgery	1	1%	0	0%	1	100%	\$50,000	2%	\$0	0%	\$50,000	100%	\$0	\$50,000
Vascular Surgery	1	1%	0	0%	1	100%	\$2,200	0%	\$0	0%	\$2,200	100%	\$0	\$2,200
Grand Totals:	156		99	63%	57	37%	\$2,832,932		\$965,965	34%	\$1,866,967	66%	\$75,390	\$739,000

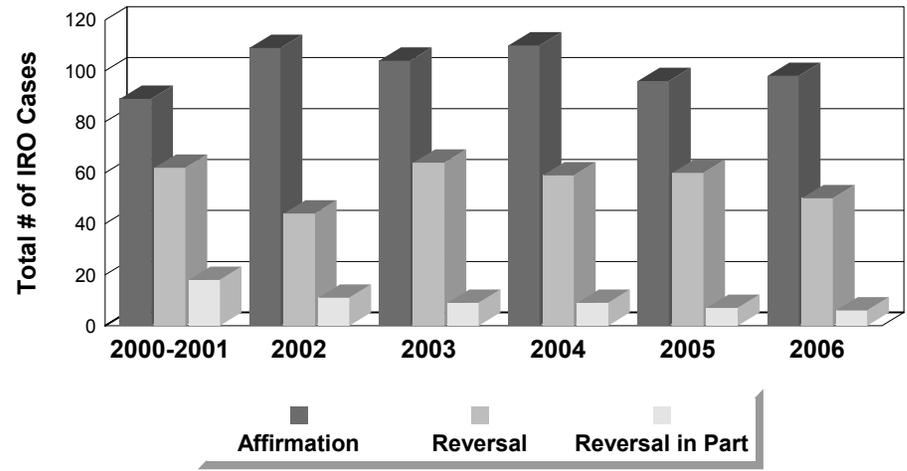


ATTACHMENT 3 COMPARISON OF IRO CASES BY REPORT YEAR May 1, 2000 - December 31, 2006

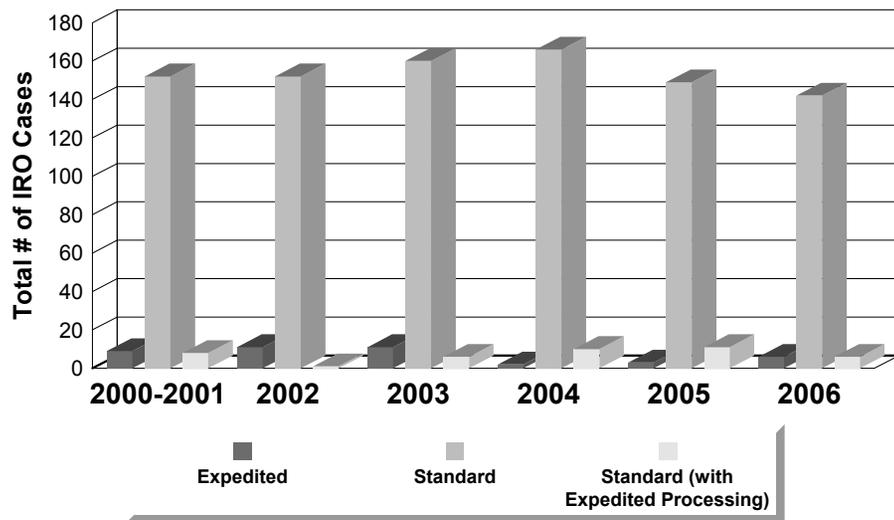
TYPE OF HEALTH CARRIER



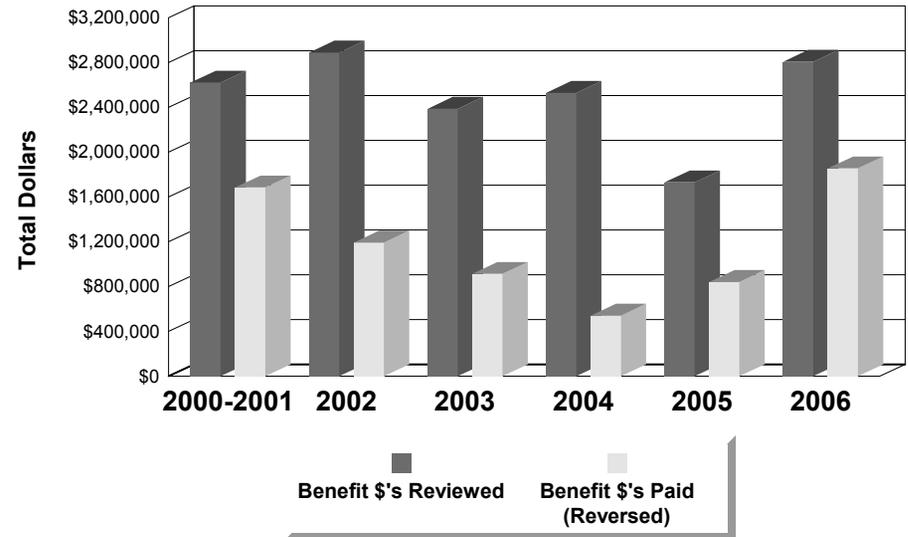
IRO OUTCOME DECISIONS



IRO REVIEW TYPE



IRO BENEFIT \$'s REVIEWED vs. \$'s PAID





ATTACHMENT 4
HEALTH CARRIER SUMMARY
JANUARY 1, 2006 - DECEMBER 31, 2006

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$1,746,122,576	21.15%	54	35%	35	65%	19	35%	\$566,678	20%	\$329,361	58%	\$237,317	42%	\$32,018	\$80,303
COMMUNITY INSURANCE COMPANY	\$2,994,240,123	36.28%	28	18%	19	68%	9	32%	\$1,054,073	37%	\$136,018	13%	\$918,055	87%	\$42,658	\$739,000
MCKINLEY LIFE INSURANCE COMPANY	\$210,809,590	2.55%	15	10%	11	73%	4	27%	\$102,149	4%	\$87,490	86%	\$14,659	14%	\$35,000	\$13,500
UNITED HEALTHCARE INSURANCE COMPANY	\$738,875,451	8.95%	11	7%	2	18%	9	82%	\$100,575	4%	\$5,952	6%	\$94,623	94%	\$5,000	\$37,553
UNITED HEALTHCARE OF OHIO INC	\$426,087,799	5.16%	9	6%	8	89%	1	11%	\$205,024	7%	\$204,964	100%	\$60	0%	\$41,290	\$60
CENTRAL RESERVE LIFE INSURANCE COMPANY	\$43,629,643	0.53%	8	5%	5	63%	3	38%	\$14,461	1%	\$10,561	73%	\$3,900	27%	\$4,871	\$2,200
AETNA HEALTH INC	\$280,547,878	3.40%	3	2%	2	67%	1	33%	\$32,296	1%	\$17,296	54%	\$15,000	46%	\$10,000	\$15,000
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$23,460,217	0.28%	3	2%	1	33%	2	67%	\$301,165	11%	\$165	0%	\$301,000	100%	\$165	\$300,000
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$433,109,865	5.25%	3	2%	3	100%	0	0%	\$8,990	0%	\$8,990	100%	\$0	0%	\$5,000	\$0
TIME INSURANCE COMPANY	\$31,450,512	0.38%	3	2%	0	0%	3	100%	\$15,064	1%	\$0	0%	\$15,064	100%	\$0	\$11,900
UNITED HEALTHCARE INSURANCE COMPANY OF OHIO	\$409,037,914	4.96%	3	2%	2	67%	1	33%	\$12,420	0%	\$8,100	65%	\$4,320	35%	\$5,000	\$4,320
HUMANA INSURANCE COMPANY	\$178,303,742	2.16%	2	1%	2	100%	0	0%	\$26,832	1%	\$26,832	100%	\$0	0%	\$16,500	\$0
NATIONWIDE LIFE INSURANCE COMPANY	\$70,703,310	0.86%	2	1%	1	50%	1	50%	\$12,044	0%	\$10,513	87%	\$1,531	13%	\$8,433	\$1,531



ATTACHMENT 4
HEALTH CARRIER SUMMARY
JANUARY 1, 2006 - DECEMBER 31, 2006

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
PARAMOUNT CARE INC	\$262,530,335	3.18%	2	1%	1	50%	1	50%	\$2,500	0%	\$1,600	64%	\$900	36%	\$1,600	\$900
SUMMACARE INC	\$48,633,448	0.59%	2	1%	1	50%	1	50%	\$201,911	7%	\$1,911	1%	\$200,000	99%	\$1,911	\$200,000
HEALTH PLAN OF UPPER OH VALLEY INC	\$90,028,643	1.09%	1	1%	1	100%	0	0%	\$25,000	1%	\$25,000	100%	\$0	0%	\$25,000	\$0
HUMANA HEALTH PLAN OF OHIO INC	\$232,913,111	2.82%	1	1%	0	0%	1	100%	\$538	0%	\$0	0%	\$538	100%	\$0	\$538
JOHN ALDEN LIFE INSURANCE COMPANY	\$23,910,472	0.29%	1	1%	1	100%	0	0%	\$729	0%	\$729	100%	\$0	0%	\$729	\$0
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST			1	1%	1	100%	0	0%	\$75,390	3%	\$75,390	100%	\$0	0%	\$75,390	\$0
MMA INSURANCE COMPANY	\$1,715,774	0.02%	1	1%	1	100%	0	0%	\$3,508	0%	\$3,508	100%	\$0	0%	\$3,508	\$0
SUMMIT INSURANCE COMPANY			1	1%	1	100%	0	0%	\$7,385	0%	\$7,385	100%	\$0	0%	\$7,385	\$0
THE OHIO STATE UNIVERSITY			1	1%	1	100%	0	0%	\$4,200	0%	\$4,200	100%	\$0	0%	\$4,200	\$0
UNION SECURITY INSURANCE COMPANY	\$7,887,654	0.10%	1	1%	0	0%	1	100%	\$60,000	2%	\$0	0%	\$60,000	100%	\$0	\$60,000
Grand Totals:	\$8,253,998,057		156		99	63%	57	37%	\$2,832,932		\$965,965	34%	\$1,866,967	66%	\$75,390	\$739,000



ATTACHMENT 5
HEALTH CARRIER SUMMARY
JANUARY 1, 2002 - DECEMBER 31, 2006 (5 Year Accumulative)

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed_		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$7,573,409,281	17.95%	310	36%	193	62%	117	38%	\$3,459,957	27%	\$2,102,829	61%	\$1,357,128	39%	\$165,000	\$195,000
COMMUNITY INSURANCE COMPANY	\$12,495,039,846	29.61%	117	14%	81	69%	36	31%	\$4,099,989	32%	\$2,132,005	52%	\$1,967,984	48%	\$375,000	\$739,000
UNITED HEALTHCARE OF OHIO INC	\$4,287,481,665	10.16%	51	6%	30	59%	21	41%	\$716,279	6%	\$548,044	77%	\$168,235	23%	\$160,000	\$50,000
SUMMACARE INC	\$440,340,469	1.04%	44	5%	28	64%	16	36%	\$449,014	4%	\$105,977	24%	\$343,037	76%	\$42,000	\$200,000
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$1,893,001,731	4.49%	37	4%	26	70%	11	30%	\$193,384	2%	\$124,524	64%	\$68,860	36%	\$50,000	\$28,929
CENTRAL RESERVE LIFE INSURANCE COMPANY	\$280,083,097	0.66%	26	3%	15	58%	11	42%	\$182,243	1%	\$78,215	43%	\$104,028	57%	\$25,200	\$52,200
FORTIS INSURANCE COMPANY	\$102,648,077	0.24%	26	3%	18	69%	8	31%	\$326,012	3%	\$145,178	45%	\$180,834	55%	\$25,200	\$75,688
MCKINLEY LIFE INSURANCE COMPANY	\$742,169,242	1.76%	26	3%	18	69%	8	31%	\$193,487	2%	\$131,802	68%	\$61,685	32%	\$35,000	\$41,065
NATIONWIDE LIFE INSURANCE COMPANY	\$392,724,725	0.93%	21	2%	10	48%	11	52%	\$109,058	1%	\$53,352	49%	\$55,706	51%	\$17,566	\$12,000
UNITED HEALTHCARE INSURANCE COMPANY	\$2,186,980,990	5.18%	19	2%	9	47%	10	53%	\$150,079	1%	\$37,456	25%	\$112,623	75%	\$12,340	\$37,553
HUMANA HEALTH PLAN OF OHIO INC	\$1,691,816,432	4.01%	17	2%	10	59%	7	41%	\$259,188	2%	\$182,110	70%	\$77,078	30%	\$83,000	\$31,100



ATTACHMENT 5
HEALTH CARRIER SUMMARY
JANUARY 1, 2002 - DECEMBER 31, 2006 (5 Year Accumulative)

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed_		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
QUALCHOICE HEALTH PLAN INC	\$776,469,612	1.84%	16	2%	9	56%	7	44%	\$330,256	3%	\$256,876	78%	\$73,380	22%	\$156,200	\$30,000
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$184,781,966	0.44%	14	2%	6	43%	8	57%	\$395,464	3%	\$60,454	15%	\$335,010	85%	\$28,474	\$300,000
UNITED HEALTHCARE INSURANCE COMPANY OF OHIO	\$1,941,168,514	4.60%	14	2%	7	50%	7	50%	\$71,339	1%	\$56,783	80%	\$14,556	20%	\$42,940	\$4,320
AETNA HEALTH INC	\$1,471,178,461	3.49%	12	1%	7	58%	5	42%	\$86,974	1%	\$50,929	59%	\$36,045	41%	\$16,000	\$15,000
PARAMOUNT CARE INC	\$1,270,650,760	3.01%	12	1%	7	58%	5	42%	\$39,300	0%	\$19,900	51%	\$19,400	49%	\$5,000	\$6,000
TIME INSURANCE COMPANY	\$102,648,077	0.24%	10	1%	4	40%	6	60%	\$87,472	1%	\$57,344	66%	\$30,128	34%	\$16,672	\$11,900
UNIVERSITY OF TOLEDO			10	1%	5	50%	5	50%	\$20,477	0%	\$10,577	52%	\$9,900	48%	\$5,160	\$8,000
HUMANA INSURANCE COMPANY	\$780,002,213	1.85%	8	1%	7	88%	1	13%	\$54,491	0%	\$53,455	98%	\$1,036	2%	\$16,500	\$1,036
THE OHIO STATE UNIVERSITY			5	1%	5	100%	0	0%	\$30,200	0%	\$30,200	100%	\$0	0%	\$8,000	\$0
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$178,201,851	0.42%	4	0%	3	75%	1	25%	\$47,118	0%	\$46,768	99%	\$350	1%	\$26,000	\$350
FAMILY HEALTH PLAN INC	\$182,120,590	0.43%	4	0%	1	25%	3	75%	\$28,619	0%	\$5,000	17%	\$23,619	83%	\$5,000	\$15,000



ATTACHMENT 5
HEALTH CARRIER SUMMARY
JANUARY 1, 2002 - DECEMBER 31, 2006 (5 Year Accumulative)

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed_		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
TOLEDO PUBLIC SCHOOLS			4	0%	1	25%	3	75%	\$20,842	0%	\$19,843	95%	\$999	5%	\$17,000	\$600
UNICARE LIFE & HEALTH INSURANCE COMPANY	\$96,158,897	0.23%	4	0%	4	100%	0	0%	\$14,192	0%	\$14,192	100%	\$0	0%	\$10,000	\$0
HOMETOWN HEALTH PLAN	\$190,419,654	0.45%	3	0%	2	67%	1	33%	\$3,520	0%	\$2,520	72%	\$1,000	28%	\$2,000	\$1,000
JOHN ALDEN LIFE INSURANCE COMPANY	\$167,242,474	0.40%	3	0%	2	67%	1	33%	\$79,729	1%	\$25,729	32%	\$54,000	68%	\$25,000	\$54,000
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST			3	0%	1	33%	2	67%	\$109,325	1%	\$75,390	69%	\$33,935	31%	\$75,390	\$16,976
NORTHERN BUCKEYE EDUCATION COUNCIL			3	0%	2	67%	1	33%	\$4,142	0%	\$3,642	88%	\$500	12%	\$1,963	\$500
FORTIS BENEFITS INSURANCE COMPANY	\$38,352,427	0.09%	2	0%	0	0%	2	100%	\$21,264	0%	\$0	0%	\$21,264	100%	\$0	\$10,632
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$65,384,560	0.15%	2	0%	1	50%	1	50%	\$1,985	0%	\$1,200	60%	\$785	40%	\$1,200	\$785
HEALTH PLAN OF UPPER OH VALLEY INC	\$101,650,554	0.24%	2	0%	2	100%	0	0%	\$50,000	0%	\$50,000	100%	\$0	0%	\$25,000	\$0
MIDWEST SECURITY LIFE INSURANCE COMPANY	\$11,493,008	0.03%	2	0%	1	50%	1	50%	\$2,918	0%	\$1,766	61%	\$1,152	39%	\$1,766	\$1,152
MMA INSURANCE COMPANY	\$13,401,400	0.03%	2	0%	2	100%	0	0%	\$6,508	0%	\$6,508	100%	\$0	0%	\$3,508	\$0



ATTACHMENT 5
HEALTH CARRIER SUMMARY
JANUARY 1, 2002 - DECEMBER 31, 2006 (5 Year Accumulative)

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed_		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
NATIONWIDE HEALTH PLANS INC	\$0	0.00%	2	0%	1	50%	1	50%	\$19,650	0%	\$13,650	69%	\$6,000	31%	\$13,650	\$6,000
PRINCIPAL LIFE INSURANCE COMPANY	\$150,160,048	0.36%	2	0%	0	0%	2	100%	\$3,400	0%	\$0	0%	\$3,400	100%	\$0	\$2,900
SUMMIT INSURANCE COMPANY	\$222,350,158	0.53%	2	0%	1	50%	1	50%	\$10,619	0%	\$7,385	70%	\$3,234	30%	\$7,385	\$3,234
TRUSTMARK INSURANCE COMPANY	\$18,396,294	0.04%	2	0%	2	100%	0	0%	\$84,565	1%	\$84,565	100%	\$0	0%	\$45,233	\$0
UNION SECURITY INSURANCE COMPANY	\$38,352,427	0.09%	2	0%	0	0%	2	100%	\$120,000	1%	\$0	0%	\$120,000	100%	\$0	\$60,000
AETNA US HEALTHCARE INC	\$1,471,178,461	3.49%	1	0%	1	100%	0	0%	\$10,000	0%	\$10,000	100%	\$0	0%	\$10,000	\$0
BENICORP INSURANCE COMPANY	\$42,438,963	0.10%	1	0%	0	0%	1	100%	\$200,000	2%	\$0	0%	\$200,000	100%	\$0	\$200,000
BUTLER COUNTY HEALTH PLAN			1	0%	1	100%	0	0%	\$705	0%	\$705	100%	\$0	0%	\$705	\$0
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	\$171,710,349	0.41%	1	0%	1	100%	0	0%	\$1,447	0%	\$1,447	100%	\$0	0%	\$1,447	\$0
CONTINENTAL GENERAL INSURANCE COMPANY	\$32,841,205	0.08%	1	0%	1	100%	0	0%	\$1,364	0%	\$1,364	100%	\$0	0%	\$1,364	\$0
EPIC LIFE INSURANCE COMPANY	\$90,717	0.00%	1	0%	0	0%	1	100%	\$455	0%	\$328	72%	\$127	28%	\$328	\$127



ATTACHMENT 5
HEALTH CARRIER SUMMARY
JANUARY 1, 2002 - DECEMBER 31, 2006 (5 Year Accumulative)

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	Company Premium	Market %	# Reviews / % of Total		Affirmed_		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
FRANKLIN LOCAL SCHOOL DISTRICT			1	0%	0	0%	1	100%	\$17,000	0%	\$0	0%	\$17,000	100%	\$0	\$17,000
GOLDEN RULE INSURANCE COMPANY	\$230,741,346	0.55%	1	0%	0	0%	1	100%	\$6,163	0%	\$0	0%	\$6,163	100%	\$0	\$6,163
LAKE ERIE REGIONAL COUNCIL EMPLOYEE PROTECTION PLAN			1	0%	0	0%	1	100%	\$769	0%	\$0	0%	\$769	100%	\$0	\$769
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	\$149,283,902	0.35%	1	0%	1	100%	0	0%	\$11,446	0%	\$11,446	100%	\$0	0%	\$11,446	\$0
MUSKINGUM COUNTY EMPLOYEE BENEFIT PLAN			1	0%	1	100%	0	0%	\$376	0%	\$376	100%	\$0	0%	\$376	\$0
NILES CITY SCHOOLS			1	0%	0	0%	1	100%	\$8,700	0%	\$0	0%	\$8,700	100%	\$0	\$8,700
STARK COUNTY COUNCIL OF GOVERNMENTS			1	0%	1	100%	0	0%	\$4,500	0%	\$4,500	100%	\$0	0%	\$4,500	\$0
VANTAGE HEALTH PLAN INC	\$18,620,707	0.04%	1	0%	1	100%	0	0%	\$500,000	4%	\$500,000	100%	\$0	0%	\$500,000	\$0
Grand Totals:	\$42,203,185,151		857		529	62%	328	38%	\$12,645,984		\$7,126,334	56%	\$5,519,650	44%	\$500,000	\$739,000